

**Note: This is a sample template, it is not an OMB approved form.**

**Universal 911 Dialing- First Transition Report**

Please read instructions before completing

**Section 1  
Carrier Identification Information**

Parent Company Name  
Shawnee Communications, Inc.

Service Provider Name  
Shawnee Telephone Company, Inc.

Company Address, City, State, Zip  
PO Box 69  
Equality, IL 62934

Service Provider Type      Wireless      ☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name  
James T. Coyle

Contact Tel #  
618-276-4211

Fax #  
618-276-4922

E-mail Address  
jcoyle@shawneelink.net

**Section 2  
Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

1. Gallatin County, IL
2. Hardin County, IL
3. Johnson County, IL
4. Pope County, IL
5. Saline County, IL

<p>(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.</p> <ol style="list-style-type: none"> <li>1. Saline County PSAP</li> <li>2. Hardin County Sheriff's Office</li> <li>3. Johnson County PSAP</li> <li>4. Pope County Sheriff's Office</li> <li>5. Saline County PSAP</li> </ol>
<p>(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.</p> <ol style="list-style-type: none"> <li>1. Complete</li> <li>2. Complete</li> <li>3. Complete</li> <li>4. Complete</li> <li>5. Complete</li> </ol>
<p>(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.</p> <ol style="list-style-type: none"> <li>1. Complete</li> <li>2. Complete</li> <li>3. Complete</li> <li>4. Complete</li> <li>5. Complete</li> </ol>
<p><b>Section 3</b> <b>911 Implementation Problems</b></p>
<p>(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.</p>
<p>(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.</p>

#### Section 4

##### **Certification - To be signed by an authorized representative of the reporting entity**

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of September 1, 2002.

Signature

Printed name of authorized representative James T. Coyle

Title President

Date 09/03/2002

This filing is: original filing ☒ revised filing

**PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.**